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Navy Case No. 84,210


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: :
Sternick, et al. :
Serial No. : 09/864,373 : Group Art Unit:
Filed: June 25, 2001 : Examiner:
For: MOLECULAR TAG :

CHANGE IN POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS

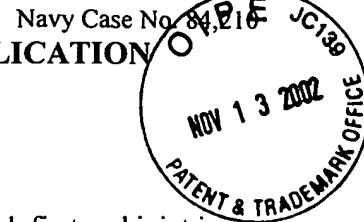
Enclosed please find a revocations of the original power of attorney and a new power of attorney executed by the inventors of the above referenced invention. If there are any questions regarding this matter, please feel free to call me at 301-744-6668.

Respectfully submitted,


MARK HOMER, Reg. No. 41,848
Attorney for Applicant

Tele: 301 744-6668
OFFICE OF COUNSEL, CODE OC4
NAVAL SURFACE WARFARE CENTER
INDIAN HEAD DIVISION
101 STRAUSS AVENUE, BLDG. D-326
INDIAN HEAD, MD 20640-5035

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MOLECULAR TAG which (check one) ☐ is attached hereto ☒ was filed on 05/25/01 as United States Application Number or PCT International Application Number 09/864,373 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number), and hereby certify that the Government of the United States has the irrevocable right to prosecute this application:

John L. Forrest, Jr., Reg. No. 29,378; Jacob Shuster, Reg. No. 19,660; Howard Kaiser, Reg. No. 31,381; Mark Homer, Reg. No. 41,848

SEND CORRESPONDENCE TO: Office of Counsel Code OC4
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101 Strauss Ave., Bldg. D-326
Indian Head, MD 20640-5035

Direct Telephone Calls to:

Mark Homer
(301) 744-6668

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: John L. Sternick

Inventor's Signature [Signature]
Residence: Mansfield, PA
Citizenship: United States of America
Post Office Address: 55 Wakefield Terrace Mansfield, PA. 20192

Date 10/28/02

Full name of second inventor: William F. Krise

Inventor's Signature William F. Krise
Residence: Bozeman, MT
Citizenship: United States of American
Post Office Address: 4050 Bridges Canyon Rd Bozeman, MT. 59715

Date 11/04/02

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/864,373
Filing Date	5/25/01
First Named Inventor	John L. Sternick
Group Art Unit	
Examiner Name	
Attorney Docket Number	84,210

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

<input type="checkbox"/> Firm or Individual Name	John L. Sternick				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name John L. Sternick

Signature

Date

10/28/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

☐ Firm or
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

William F. Krise

Signature

William F. Krise

Date

11/04/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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